PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number: 10/695,985

CLAIMS AS FILED – PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE	SMALL ENTITY FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY FEE
BASIC FEE (37 CFR 1.16(a))				$	OR		$
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =		X $___=		OR	X $___=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =		X $___=		OR	X $___=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+___=		OR	+___=	
			TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	SMALL ENTITY ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	20	Minus	20	—	X $___=		OR	X $___=	
Independent (37 CFR 1.16(b))	2	Minus	3	—	X $___=		OR	X $___=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+___=		OR	+___=	
					TOTAL ADDL FEE		OR	TOTAL ADDL FEE	

AMENDMENT B   11/29/06

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	SMALL ENTITY ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	22	Minus	20	X 2	X $___=		OR	X $___=	100
Independent (37 CFR 1.16(b))	2	Minus	3		X $___=		OR	X $___=	5
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+___=		OR	+___=	
					TOTAL ADDL FEE		OR	TOTAL ADDL FEE	100

AMENDMENT C   8/8/07

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	SMALL ENTITY ADDI-TIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	23	Minus	22		X 25=		OR	X 50=	
Independent (37 CFR 1.16(b))	3	Minus	3		X 10=		OR	X 100=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+___=		OR	+___=	
					TOTAL ADDL FEE		OR	TOTAL ADDL FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.